

Adult Center Monitor Evaluation Form

Sponsor Name			CTD No.	
Date of Visit	Time of Arrival <input type="checkbox"/> am <input type="checkbox"/> pm	Time of Departure <input type="checkbox"/> am <input type="checkbox"/> pm	Date of last visit	
Type of Review <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Pre-Approval / Adding Site <input type="checkbox"/> 28-Day/Initial <input type="checkbox"/> Block Claim				
It is a requirement that you monitor your sites at least three times per year. Check the number of this visit. <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth (if using averaging)				
Monitor Name			Title	
Site Name				
Site Address				
Person Interviewed at Site			Title of Person Interviewed	

A. OBSERVED MEAL SERVICE

1. What meal was observed?

- ☐ **Breakfast** – consists of milk, bread, and fruit/vegetable.
☐ **Breakfast** – consists of milk, bread, and fruit/vegetable.
☐ **Snack (am/pm)** – consists of any two of the four food components.
☐ **Snack (am/pm)** – consists of any two of the four food components (milk, bread, fruit/vegetable, meat/meat alternate).
☐ **Lunch/Supper** – consists of all four food components, and the fruit/vegetable must include at least two different servings.
☐ **Lunch/Supper** – consists of milk, bread, meat/meat alternate, and two fruits/vegetables from different sources.

2. Type of meal service: ☐ **Family Style** ☐ **Traditional** ☐ **Other (specify):** _____

3. Meal Count – Complete the following for the meal observed:

	BREAKFAST	AM SUPPLEMENT	LUNCH	PM SUPPLEMENT	SUPPER
Beginning Time of Meal Service					
Ending Time of Meal Service					

4. List foods and amounts served to participants:

	FOOD SERVED	AMOUNT PREPARED
Milk		
Meat or Meat Alternate		
Vegetables and/or Fruit (two or more)		
Whole Grain or Enriched Bread or Bread Alternate		
Other Foods		

5. Is the quantity of each component sufficiently prepared to meet requirements for the number of participants? ☐ Yes ☐ No
6. Was the menu served the same as posted for today? ☐ Yes ☐ No
 If not, were substitutions consistent with USDA requirements? ☐ Yes ☐ No ☐ N/A
7. Are menu substitutions correctly documented? ☐ Yes ☐ No ☐ N/A
8. Are medical statements on file for participants with special diets? ☐ Yes ☐ No ☐ N/A

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9. Are special dietary needs of participants met without additional cost?..... ☐ Yes ☐ No ☐ N/A
10. Were all required components served? ☐ Yes ☐ No
11. Were all components served at the same time? ☐ Yes ☐ No
12. Were the quantities of each component sufficiently prepared to meet meal patterns? ☐ Yes ☐ No ☐ N/A
13. Are the combination of meals/snacks claimed consistent with CACFP regulations? ☐ Yes ☐ No ☐ N/A

B. RECORD KEEPING

1. Licensing
- a. Is the license current? ☐ Yes ☐ No ☐ N/A
- b. What is the current licensed capacity? _____
- c. Is the center within the current licensed capacity? ☐ Yes ☐ No ☐ N/A
- d. Is the facility subject to licensing standards other than DHS? ☐ Yes ☐ No
2. Attendance – Are sign in/out sheets completed correctly? ☐ Yes ☐ No
3. Meal Counts
- a. Are meal counts recorded at the point of service for each meal claimed for reimbursement?..... ☐ Yes ☐ No
- b. Is the weekly attendance meal record (WAMR) and daily meal count sheet used accordingly?..... ☐ Yes ☐ No
4. Eligibility
- a. Are all income applications kept in a safe and secured area? ☐ Yes ☐ No
- b. Is there any indication of overt identification for DES beneficiaries? ☐ Yes ☐ No ☐ N/A
5. Costs
- a. Are all administrative and operating costs being recorded accurately? ☐ Yes ☐ No ☐ N/A
- d. Is documentation on file to support all program costs?..... ☐ Yes ☐ No ☐ N/A
6. Claims
- a. Are claims being processed and payments being received in a timely manner?..... ☐ Yes ☐ No ☐ N/A
- b. On what date did you receive your last payment? _____ For which month was this payment? _____
7. Records Retention
- a. Is the staff aware that CACFP records must be kept on file for five years?..... ☐ Yes ☐ No

C. TRAINING

1. Has facility staff attended training sessions conducted by the Sponsor on CACFP?..... ☐ Yes ☐ No

DATES	TOPICS

2. Are there sign in sheets for the participants that attended training on file?..... ☐ Yes ☐ No
3. Was civil rights included as a topic? ☐ Yes ☐ No

D. SANITATION AND STORAGE

1. Are food temperatures taken and recorded for hot (140° or above) and/or cold (41° or below) foods prior to service? ☐ Yes ☐ No
2. Are the floor, refrigerator, stove, cabinets, and working area sanitary and in good condition? ☐ Yes ☐ No

If not, explain: _____

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3. Are all foods labeled and dated? ☐ Yes ☐ No
4. Are there working thermometers in the refrigerator and freezer? ☐ Yes ☐ No
- Record the temperatures: Refrigerator _____ degrees Freezer _____ degrees
5. Are participant's and staff's hands washed before handling food? ☐ Yes ☐ No
6. Is the required local health inspection documentation available for review? ☐ Yes ☐ No
7. If problems were noted during the last inspection, have they been corrected? ☐ Yes ☐ No

E. CIVIL RIGHTS

1. Is there any separation by race, color, national origin, sex, or handicapping condition? ☐ Yes ☐ No
2. Is the staff able to explain the process for making civil rights complaints? ☐ Yes ☐ No
3. Does the facility have a copy of the Complaints for Discrimination on file? ☐ Yes ☐ No

4. Give number of participants:

	White/ Caucasian	Black/ African American	Hispanic/ Latino	American Indian/Alaska Native	Native Hawaiian/ Pacific Islander	Asian	Some Other Race(s)	Total
a. Current Enrollment /Data Collection (by racial/ethnic group)								
b. Actual Number of Participants at Meal Observed (by racial/ethnic group)								

5. Is the "And Justice For All" poster displayed in a prominent place? ☐ Yes ☐ No

F. FINDINGS AND RECOMMENDATIONS

1. List problems identified:

2. Recommendations – Indicate corrective action needed:

Proposed date of next review: _____

Signature – Monitor Date Signature – Director Date

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ADE 5-Day Reconciliation Form

For Multiple Site Sponsors and Multiple Single Center Participants

(Not Applicable for Emergency Shelters)

Site Name: _____

CTD #: ____ - ____ - ____

Total Number of Participants **Enrolled** (based on claim): _____

Licensed Capacity: _____

Total Number of participants **Claimed** (based on meal counts):

	Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
	Breakfast					
	AM Snack					
	Lunch					
	PM Snack					
	Dinner					
	Evening Snack					

Total Number of participants in **Attendance** (based on sign in/out sheets):

Meal Service Times	Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
	Breakfast					
	AM Snack					
	Lunch					
	PM Snack					
	Dinner					
	Evening Snack					

Compare the tables above. Are there any discrepancies between the numbers claimed and the numbers in attendance? ☐ Yes ☐ No
 If yes, determine whether an over or under claim occurred and provide details. In addition, list corrective action assigned to resolve issue:

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